



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1495

**DATE:** March 26, 2015

**TO:** All Iowa Medicaid Providers (Excluding Individual Consumer Directed Attendant Care, Waiver and Dental)

**RE:** ICD-10 Implementation-Centers for Medicare and Medicaid Services (CMS) Edits for ICD-10-CM Diagnosis Codes

**EFFECTIVE:** October 1, 2015

With the implementation of ICD-10 on October 1, 2015, the IME will be adding the following new CMS edits and/or payment changes to the Iowa Medicaid Management Information System (MMIS). Claims will be denied for the following edits on and after October 1, 2015:

### Non-principal Diagnosis CMS Edits - Institutional Claims Only:

- **Manifestation Codes** describe the manifestation of an underlying disease, not the disease itself and, therefore, should not be used as a principal diagnosis. If a Manifestation Code is billed as the principal or first position diagnosis, the claim will be denied.  
  
EXAMPLE – H36 (RETINAL DISORDERS IN DISEASES CLASSIFIED ELSEWHERE) IS A MANIFESTATION CODE THAT MAY BE USED TO DESCRIBE E75.02 (TAY-SACH'S DISEASE); H36 IS NOT AN APPROPRIATE PRINCIPAL DIAGNOSIS AND SHOULD NOT BE CODED AS SUCH.
- **External Causes of Morbidity Codes** are ICD-10-CM codes identifiable as beginning with the letters V through Y. They describe the circumstance causing an injury, not the nature of the injury and, therefore, should not be used as a principal diagnosis. If an External Cause of Morbidity Code is billed as the principal or first position diagnosis, the claim will be denied.  
  
EXAMPLE – EXTERNAL CAUSE CODE V96.01XA (BALLOON CRASH INJURING OCCUPANT INITIAL ENCOUNTER) IS NOT AN APPROPRIATE PRINCIPAL DIAGNOSIS AND SHOULD NOT BE CODED AS SUCH.
- **Unacceptable Principal Diagnosis Codes** are ICD-10-CM codes that require a secondary diagnosis in order to be an acceptable principal or first position diagnosis. If an Unacceptable Principal Diagnosis is billed and it is the only diagnosis on the claim, the claim will be denied.  
  
EXAMPLE - B6013 (KERATOCONJUNCTIVITIS DUE TO ACANTHAMOEBA) IS AN UNACCEPTABLE PRINCIPAL DIAGNOSIS WHEN IT IS THE ONLY DIAGNOSIS ON THE CLAIM. B6013 SHOULD NOT BE CODED AS PRINCIPAL DIAGNOSIS WITHOUT A SECONDARY DIAGNOSIS PRESENT.
- **Questionable Admission Diagnosis Codes** are ICD-10-CM codes that may not provide sufficient justification for admission to an acute care hospital when used as a principal or first position diagnosis. If a Questionable Admission Diagnosis is billed as the principal or first position diagnosis, the claim will suspend for medical review.  
  
EXAMPLE - E119 (TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS)

### Age CMS Edits - Professional and Institutional Claims:

- **Newborn (less than 1 year of age) Diagnosis Codes** are ICD-10-CM codes that CMS has identified as being diagnoses that are clinically possible only in a patient of the stated age. Therefore, either the diagnosis or the age is presumed to be incorrect if a Newborn Diagnosis Code is billed for a patient outside of the designated age range. The claim or service will be denied.

EXAMPLE – E71511 (NEONATAL ADRENOLEUKODYSTROPHY) CANNOT BE BILLED FOR A 9 YEAR OLD CHILD.

- **Pediatric (0–18 years inclusive) Diagnosis Codes** are ICD-10-CM codes that CMS has identified as being diagnoses that are clinically possible only in a patient of the stated age. Therefore, either the diagnosis or the age is presumed to be incorrect if a Pediatric Diagnosis Code is billed for a patient outside of the designated age range. The claim or service will be denied.

EXAMPLE - E301 (PRECOCIOUS PUBERTY) CANNOT BE BILLED FOR A 45 YEAR OLD WOMAN.

- **Maternity (12 - 55 years inclusive) Diagnosis Codes** are ICD-10-CM codes that CMS has identified as being diagnoses that are clinically possible only in a patient of the stated age. Therefore, either the diagnosis or the age is presumed to be incorrect if a Maternity Diagnosis Code is billed for a patient outside of the designated age range. The claim or service will be denied.

EXAMPLE - O1201 (GESTATIONAL EDEMA, FIRST TRIMESTER) CANNOT BE BILLED FOR A 90 YEAR OLD WOMAN.

- **Adult (15 – 999) Diagnosis Codes** are ICD-10-CM codes that CMS has identified as being diagnoses that are clinically possible only in a patient of the stated age. Therefore, either the diagnosis or the age is presumed to be incorrect if an Adult Diagnosis Code is billed for a patient outside of the designated age range. The claim or service will be denied.

EXAMPLE - R627 (ADULT FAILURE TO THRIVE) CANNOT BE BILLED FOR A 6 WEEK OLD INFANT.

### Gender CMS Edits-Professional and Institutional Claims:

- **Gender Specific Diagnosis Codes** are ICD-10-CM codes that CMS has identified as being diagnoses that are clinically possible only in a patient of the stated gender. Therefore, either the diagnosis or the gender is presumed to be incorrect if a Gender Specific Diagnosis Code is billed for a patient outside of the designated gender. The claim or service will be denied.

EXAMPLE – D075 (CARCINOMA IN SITU OF PROSTATE) CANNOT BE BILLED FOR A FEMALE AND Z9851 (TUBAL LIGATION) STATUS CANNOT BE BILLED FOR A MALE.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609, or by email at [ICD-10project@dhs.state.ia.us](mailto:ICD-10project@dhs.state.ia.us).